

SEE REVERSE INSTRUCTIONS FOR PRIVACY ACT		OMB Approval No. 1117-0023
1a. Type of Transaction: <input type="checkbox"/> IMPORT <input type="checkbox"/> EXPORT <input type="checkbox"/> INTERNATIONAL		1b. Type of Submission: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED <input type="checkbox"/> WITHDRAWAL
1c. WARNING! 15-day advance notice required for initial shipment or for company that has lost regular importer or regular customer status. See 21 C.F.R. Part 1313 for further details. <input type="checkbox"/> I certify I have met the conditions for the waiver of 15-day advance notice requirement.		DEA Control Number (For DEA use only)
2a. U.S. IMPORTER/ U.S. EXPORTER / U.S. BROKER (Name, address, telephone, and fax no.)		2b. IF IMPORT, LIST FOREIGN CONSIGNOR; IF EXPORT OR INTERNATIONAL TRANSACTION, LIST FOREIGN TRANSFEREE. (Name, address, telephone, and fax no.)
DEA Registration Number (for List I only):		
Purchase/Invoice no. (optional)		Foreign permit no. (if applicable)

3. Listed Chemicals to be Imported / Exported / Brokered

3a. Name and Description of chemical appearing on label or container. For drug products, show dosage strength and dosage size.	3b. Name of chemicals as designated by Title 21 C.F.R. 1310.02	3c. Number of containers, size, net weight of each chemical (kg)	3d. DATE OF ACTUAL IMPORT/EXPORT AND ACTUAL QUANTITY (To be completed by person named in (2a).)

4a. <input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF EXPORTATION:	4b. <input type="checkbox"/> FOREIGN <input type="checkbox"/> DOMESTIC PORT OF IMPORTATION:
APPROX. DEPARTURE DATE:	APPROX. ARRIVAL DATE:

5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER:

SIGNATURE OF AUTHORIZED INDIVIDUAL (Print or Type Name below Signature)	DATE:
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6. RETURN DECLARATION FOR EXPORTS AND INTERNATIONAL TRANSACTIONS (Name & Quantity of List I and List II Chemicals exported to the Transferee or resulting from International Transaction. MUST be returned within 30 days from actual date of export (3d). If same as 3d, write "same as 3d.")

SIGNATURE:

DATE:

For IMPORTS: List TRANSFEE(S) UPON INITIAL APPLICATION (Names, address, telephone, and fax no.) Fill in 7 through 9. USE SEPARATE SHEET IF MORE THAN 3 TRANSFEREES.

7a. NAME OF TRANSFEE OF IMPORT	7b. ADDRESS OF TRANSFEE OF IMPORT
7c. Name & Quantity of List I and List II chemical to be Imported for this transferee. (Enter names as shown on labels; numbers and sizes of packages; and strength.)	7d. Name & Quantity of List I and List II Chemical <u>Actually Imported and Date Imported for this Transferee</u>

7e. **RETURN DECLARATION** (Name & Quantity of List I and List II Chemical Distributed to the Transferee. MUST be returned within 30 days of date of actual import (7d) If amount not completely distributed, send a Return Declaration 30 days from the next distribution.). If the whole order was distributed, may say "all import distributed" and the date.

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**Import / Export Declaration
for List I and List II Chemicals****SEE REVERSE INSTRUCTIONS FOR PRIVACY ACT**

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☐ I certify I have met the conditions for the waiver of 15-day advance notice requirement.

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(Name, address, telephone, and fax no.)

2b. IF IMPORT, LIST FOREIGN CONSIGNOR; IF EXPORT OR INTERNATIONAL TRANSACTION, LIST FOREIGN TRANSFEREE.
(Name, address, telephone, and fax no.)

DEA Number (for List I only): _____

Purchase/Invoice no. (optional) _____

Foreign permit no. (if applicable) _____

3. Listed Chemicals to be Imported / Exported / Brokered

3a. Name and Description of chemical appearing on label or container. For drug products, show dosage strength and dosage size.

3b. Name of chemicals as designated by Title 21 C.F.R. 1310.02

3c. Number of containers, size, net weight of each chemical (kg). For drug products, show number of dosage units.

3d. DATE OF ACTUAL IMPORT/EXPORT AND ACTUAL QUANTITY (To be completed by person named in (2a.))

4a. ☐ FOREIGN ☐ DOMESTIC
PORT OF EXPORTATION: _____

APPROX. DEPARTURE DATE: _____

4b. ☐ FOREIGN ☐ DOMESTIC
PORT OF IMPORTATION: _____

APPROX. ARRIVAL DATE: _____

5. MODE OF TRANSPORTATION, NAME OF VESSEL, OR NAME OF CARRIER: _____

SIGNATURE OF AUTHORIZED INDIVIDUAL (Print or Type Name below Signature)

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